| Inspection Inspector ID:  |                   |           | Final Posting from page 2  Inspected Restricted Use |                         |  |  |  |  |  |  |  |
|---|-------------------|-----------|---|-------------------------|--|--|--|--|--|--|--|
| Inspection date and time:   |                   |           | _ AM PN   | л                       | ☐ Unsafe   |  |  |  |  |  |  |
| Building Description  Building name:  Address:  |                   |           | Type of Co  Wood fr  Steel fra  Tilt-up o           | rame<br>ame<br>concrete | <ul><li>☐ Concrete shear wall</li><li>☐ Unreinforced masonry</li><li>☐ Reinforced masonry</li><li>☐ Other:</li></ul> |  |  |  |  |  |  |
| Building contact/phone:  Number of stories above ground: Approx. "Footprint area" (square Number of residential units: Number of residential units not h                    | e below<br>feet): | v ground: | Public a  | g<br>sidential          | ☐ Commercial ☐ Governmer☐ Offices ☐ Historic☐ Industrial ☐ School☐ Other:  |  |  |  |  |  |  |
| a sketch.   |                   | Moderate  | s the appropria                                     | Commen                  | here is room on the second page for  |  |  |  |  |  |  |
| Structural hazards: Foundations Roofs, floors (vertical loads) Columns, pilasters, corbels Diaphragms, horizontal bracing Walls, vertical bracing Precast connections Other |                   |           |   |                         |  |  |  |  |  |  |  |
| Nonstructural hazards: Parapets, ornamentation Cladding, glazing Ceilings, light fixtures Interior walls, partitions Elevators Stairs, exits Electric, gas Other            |                   |           |   |                         |  |  |  |  |  |  |  |
| Geotechnical hazards: Slope failure, debris Ground movement, fissures Other General Comments:   |                   |           |   |                         |  |  |  |  |  |  |  |

| Building name:   |                   |                            |                                |                                  |  | -  | Inspector ID:             |  |   |                                |                                 |                         |               |               |                                      |                       |                |                        |               |          |
|--|-------------------|----------------------------|--------------------------------|----------------------------------|--|--|---------------------------|--|---|--------------------------------|---------------------------------|-------------------------|---------------|---------------|--------------------------------------|-----------------------|----------------|------------------------|---------------|----------|
| Sketch (optional)  |                   | $\overline{}$              | $\overline{}$                  | $\overline{}$                    | $\overline{}$                                | $\Box$   |                           |  | $\Box$                                  | $\top$                         | $\top$                          | $\top$                  | $\overline{}$ | $\overline{}$ | T                                    |                       | $\overline{}$  | $\overline{}$          |               | $\Box$   |
| Provide a sketch of the building or  |                   | +                          |                                | -                                | $\vdash$                                     | $\vdash$   |                           |  |   | +                              | +                               | +                       | +             | +             | +                                    |                       |                | -                      |               |          |
| damaged portions. Indicate   |                   | +                          | -                              | -                                | -  | <del></del>  | $\vdash$                  |  | -                                       | +                              | +                               | +                       | +             |               | +                                    |                       |                | +                      | <del></del>   | $\vdash$ |
| damage points.   |                   |                            | -                              | -                                |  | <del></del>  | <del></del>               |  | _                                       | +                              | +                               | +                       | +             | +             | +                                    |                       | -              | -                      | <del> </del>  | _        |
| Estimated Building   |                   |                            | -                              | -                                |  | <del></del>  | <del></del>               |  | _                                       | +                              | +                               | +                       | +             | +             | +                                    |                       | -              | -                      | <del> </del>  | _        |
| Damage   |                   | +                          | -                              | <del>  '</del>                   | +  | $\vdash$   | $\vdash$                  | <del></del>                            | <del></del>                             | +                              | +                               | +                       | -             | +             | -                                    |                       | +              |                        |               |          |
| f requested by the jurisdiction,   |                   | +                          | -                              | -                                | -  | <del></del>  | -                         | <del></del>                            | -                                       | +                              | +                               | +                       | +             | +             | +-                                   |                       | +              | -                      | -             | _        |
| estimate building damage   |                   | -                          | -                              | -                                |  |  | <del></del>               | <del></del>                            | _                                       | +                              | +                               | +                       | +             | +             | +-                                   |                       | -              | -                      | -             | _        |
| (repair cost ÷ replacement   | <u> </u>          | -                          | -                              | -                                | <u> </u>                                     | <del></del>  | <del></del>               | <del></del>                            |   | +                              | +                               | +                       |               | +             | <del> </del>                         |                       | -              | -                      | <u> </u>      | -        |
| cost, excluding contents).   |                   | -                          | -                              | -                                | <u></u>                                      |  | <u> </u>                  | <u> </u>                               | _                                       | +                              | +                               | +                       |               | -             | <del> </del>                         |                       | -              | -                      | -             | _        |
| <ul><li>☐ None</li><li>☐ 0–1%</li></ul>  |                   | -                          | -                              | -                                | <u>                                     </u> |  | <u> </u>                  | <u> </u>                               |   | <del> </del>                   | +                               | 1                       |               | -             | <del> </del>                         |                       |                |                        |               | _        |
| ☐ 0-1%<br>☐ 1-10%  |                   |                            |                                | <u> </u>                         | <u>                                     </u> | <u>  '</u>   | <u> </u>                  | <u></u> '                              | Щ                                       | <u> </u>                       |                                 | 1                       |               | _             | <u> </u>                             |                       | _              | _                      | <u> </u>      | _        |
| 10–30%   |                   |                            |                                |                                  |  | <u> </u>   | <u> </u>                  | <u></u> '                              | <u> </u>                                |                                |                                 |                         |               | $\perp$       |                                      |                       | $\perp$        |                        |               | _        |
| 30–60%   |                   |                            |                                |                                  | '  | <u> </u>   | <u></u> '                 | <u></u>                                |   |                                |                                 |                         |               |               | $oxed{oxed}$                         |                       | $\perp$        |                        |               |          |
| ☐ 60–100%<br>☐ 1000/   |                   |                            |                                |                                  |  | '  | '                         |  |   |                                |                                 |                         |               | ]             | ]                                    |                       |                |                        |               |          |
| □ 100%   |                   |                            |                                |                                  |  |  |                           | Ē_'                                    | Γ_                                      |                                | Γ_                              | Τ_                      |               | Τ_            | $\Gamma_{-}$                         |                       | Τ              | Γ_                     | Γ_            |          |
|  |                   |                            |                                |                                  |  |  |                           |  |   |                                |                                 |                         |               | $\top$        | $\top$                               |                       | $\top$         |                        |               |          |
|  |                   |                            |                                |                                  |  |  |                           |  |   |                                |                                 |                         |               | +             | +                                    |                       |                |                        |               |          |
|  | <u> </u>          |                            |                                |                                  | <u>—</u>                                     | <u>—</u>   | _                         | _                                      | <u>—</u>                                | <u> </u>                       | <u> </u>                        |                         |               | _             |                                      |                       |                |                        |               | _        |
| there is an existing posting from a previous posting: INSPECTED necessary, revise the posting based verall building are grounds for an Unspection of the current posting in the current postion of the current | on the safe ing b | RES  he ne post  pelow  Ri | STRI<br>ew e<br>ting.<br>v and | ICTEI<br>evalu<br>Loca<br>d at t | ED US uation al Se the te                    | SE<br>on and<br>e <i>vere</i><br>top o<br><b>USI</b> | nd tea<br>e and<br>of pag | UN<br>am ji<br>d ove<br>nge o<br>ellow | ISAF<br>judgr<br>erall<br>one.<br>w pla | FE  <br> ment<br>  <i>Mo</i> l | Inspo<br>nt. <i>Se</i><br>odera | ecto<br>evere<br>ate co | e cor<br>ondi | nditions      | ons e<br>s ma <u>y</u><br><b>AFE</b> | enda<br>y all<br>(Red | angei<br>low a | ring<br>a Res<br>acard | the<br>strict | eted     |
| urther Actions Check the box<br>Barricades needed in the following   | xes t<br>g are    | belov<br>eas:              | w on                           | nly if                           | furth  | her a  | actio                     | ons a                                  | are ne                                  | neede                          | led.                            |                         |               |               |                                      |                       |                |                        |               |          |
| Engineering Evaluation recommend   | aeu.              | ш                          | . ⊃u⊸                          | Har                              | ıl aı  | _  | 1                         | CIPU.                                  | 100                                     | du .                           | ıl .                            | L                       | $\perp$       | Шы            | :                                    |                       |                |                        |               |          |